

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HM | | 11-20-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | A-S | 943 | 11-28-01 |
| RESPONSE FORMALITY REVIEW | AK | 917 | 02-01-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy